Released 08/01/99. Submitted to but not yet approved by NIH Forms Officer.

DCRT Outside Account Authorization
Interagency Agreement

DCRT Account No.

Return this form to:

TASC, DCRT
National Institutes of Health
Building 12A, Room 1017
12 SOUTH DR MSC 5605
BETHESDA, MD 20892-5605

For assistance call (301) 594-3278 (301-594-DCRT).

Policy:

All use will be in accordance with DCRT Standard Operating Procedures as expressed in the User's Guide and other technical publications. Use will be on a time-available basis subject to NIH's production requirements.

This agreement is of the nature of an interagency agreement in accord with 31 U.S. Code 1535.

Purpose:

- ☐ Open a new account
- ☐ Register users
  - ☐ Registered initials
  - ☐ Project initials
  - ☐ Storage initials
  - ☐ Public initials
- ☐ Obtain a box number
- ☐ Authorize additional users on an existing account
- ☐ Other:

A. Individual Responsible for Account (Sponsor)

Name	Area Code and Phone No.	Agency Name
Title		Agency Address
Alternate Sponsor's Name		

B. Users

Name	Phone No.	DCRT Use Only: Registered Initials
Address		Box
Name	Phone No.	Registered Initials
Address		Box
Name	Phone No.	Registered Initials
Address		Box
Name	Phone No.	Registered Initials
Address		Box
Name	Phone No.	Registered Initials
Address		Box

C. Authorization

Sponsor's Signature	DATE

D. New Accounts Only

Description of Services Requested

Project Title

Financial Officer Responsible for Receiving and Paying Bills *(Name)*	Phone No.	Address

HHS Users: Give Common Acct No.	Agency Location Code	Internal Agency Reference *(Agreement no., purchase order no., etc.)*

E. Authorization to Commit Funds of Requesting Agency

Signature	Title	Phone No.

F. DCRT/NIH Acceptance

Signature	Title	Phone No.

NIH-1767-3 (Rev. 8/94)